

Appli	ication.	/Control	No.

10/713,715 Examiner

Charles G. Freay

Applicant(s)/Pate	ent unde
Reevamination	

JAY ET AL.

Art Unit

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			ORIO	GINAL		CROSS REFERENCE(S)										
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	 (Assistant Examiner) (Date)						Charles G	My	Total Claims Allowed: 30							
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(Legal Instruments Examiner) (Date)						(F	rimary Examiner)	(Da	1	1						

\boxtimes c	Claims renumbered in the same order as presented by applicant							PA		☐ T.D.			☐ R.1.47						
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	28			58] [88			118			148	_		178			208
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